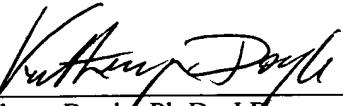




1615

PTO/SB/22
OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 60020-5001US
In re application of: Yi Li <i>et al.</i>		
Application No.: 09/980,614	Filed: April 17, 2002	
For: BONE MARROW TRANSPLANTATION FOR TREATMENT OF STROKE		
Art Unit: 1615	Examiner: Carlos A. Azpuru	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
<input type="checkbox"/>	Large Entity	Small Entity
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 120
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 450
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any deficiency or credit any overpayment of fees, to Deposit Account Number 50-0573. A copy of this sheet is enclosed.	
I am the		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<input checked="" type="checkbox"/>	attorney or agent of record.	
<input type="checkbox"/>	Attorney or agent of record under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a):	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
Signature		
Typed Name	Kathryn Doyle, Ph.D., J.D.	Registration No.
Date	July 26, 2006	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of one (1) form is submitted.	